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INFO RUEHXS/ASSOCIATION OF SOUTHEAST ASIAN NATIONS
RUEHBJ/AMEMBASSY BEIJING 1163
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RUEHLO/AMEMBASSY LONDON 1818
RUEHNE/AMEMBASSY NEW DELHI 3551
RUEHUL/AMEMBASSY SEOUL 7029
RUEHKO/AMEMBASSY TOKYO 4648
RUEHRC/DEPT OF AGRICULTURE WASHINGTON DC
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RUEHRC/USDA FAS WASHDC

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SIPDIS

STATE FOR EAP/MLS; USDA FOR FAS/PECAD, FAS/CNMP, FAS/AAD; BANGKOK FOR
USAID/RDMA: JMACARTHUR, APHIS: NCARDENAS

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SUBJECT: AI RESPONSE IN BURMA REMAINS A WORK IN PROGRESS

REF: A) RANGOON 1249, B) RANGOON 359, C) RANGOON 355

11. (SBU) Summary: The World Health Organization (WHO) and Food and Agriculture Organization (FAO), together with the Burmese Ministry of Health (MOH) and Livestock Breeding and Veterinary Department (LBVD) hosted donor and training workshops in Rangoon on September 28-29. U reps used the donor meeting to describe ongoing and planned Avian Influenza (AI) efforts in Burma. According to UN officials, in the seven months since Burma announced an AI outbreak among poultry in Sagaing and Mandalay Divisions, the money pledged by donors has fostered capacity building, strengthened surveillance and detection, helped upgrade local facilities, and delivered vital supplies and equipment. Taking advantage of the presence of donors, including USA and World Bank representatives, UN officials held a second workshop to discuss use of Personal Protective Equipment (PPEs), including kits donated by USAID. U.S. representatives took the lead among donors in stressing the need for strict project monitoring and evaluation. With few donors currently supporting AI efforts in Burma, the total amount pledged falls over \$2 million short of the \$8.4 million requested by WHO and FAO to meet the country's most critical AI needs. UN and Burmese participants expressed concern about unfunded needs and slow progress in implementing currently-funded programs in the area of animal health. End summary.

AI Free?

12. (U) On September 4, Burma declared to the OIE and the media that the country was now AI-free, based on the fact that over three months had passed since the last known case of avian influenza was diagnosed in poultry. In response to a March 2006 AI outbreak among poultry in Sagaing and Mandalay Divisions, the GOB aggressively culled chickens, quail and ducks in affected areas, and claimed to have contained the initial outbreak in April (reftels B,C). With minimal in-country lab capabilities, few trained veterinarians and health personnel, and scarce resources, the GOB is ill-prepared to prevent and control another AI outbreak without strong support from WHO, FAO and international donors. However, concurrent AI outbreaks in other parts of the world and the challenges of providing aid to Burma produced a weak response to initial requests for assistance. The quick U.S. response to the March outbreak, through provision of 200 PPEs immediately after the outbreak occurred and follow-up advice and support to WHO and FAO, had helped to encourage others to pledge further support.

Who's Giving What

13. (SBU) At the WHO-sponsored donor's conference on September 28, country representatives from WHO, FAO, UNICEF, MOH and LBVD described ongoing efforts to address AI in Burma. Workshop coordinators repeatedly expressed appreciation for USAID's commitment of \$1 million. WHO and FAO outlined their \$8.4 million plan to upgrade AI capacity in Burma to attendees from the U.S. (Embassy and USAID), the U.K. (DFID), Australia (AusAID) and Japan (JICA). World Bank representatives joined the conference late and held discussions on the margins of the meetings. World Bank representatives said they hope to fund \$2 million of the \$8.4 million plan, which would leave WHO/FAO with a shortfall of just over \$2 million. Donations to date include:

- USAID: \$1 million for training programs and PPEs of which \$475,000 has been released;
- World Bank: potentially \$2 million for a farmer compensation trust fund, disease research, and upgrades of labs in Mandalay;
- Asian Development Bank: \$1 million for surveillance, an early warning system, lab upgrades, and strengthening WHO and FAO offices;
- AusAID: \$770,000 to upgrade lab facilities and rehabilitate farms;
- AusAID (regional fund): \$90,000 for lab support, plus a \$130,000 grant to CARE to develop and implement village preparedness and risk reduction programs;
- Japanese Embassy/JICA: funding public awareness posters and visits by experts;
- Japanese Trust Fund: \$750,000 for emergency response and prevention plus \$616,050 granted directly to FAO and OIE;
- China: \$125,000 worth of vehicles, PPEs, lab equipment and training;
- FAO emergency funds: \$45,000 for the initial emergency response;
- Japanese Trust Fund: \$1.9 million granted directly to UNICEF for risk communication (not included in the overall WHO/FAO plan).

14. (SBU) To date, USAID has allocated \$475,000 of its \$1 million

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commitment to WHO and FAO. Dr. John MacArthur, USAID Regional Infectious Disease Advisor, said that spending was on track (ref A), and discussed possible options for use of the remaining \$525,000 in meetings with WHO representatives on September 28 and 29. WHO's AI coordinating officer in Burma, Kanokporn Coninx, told MacArthur of her concern that the Rangoon FAO office, despite the recent addition of three additional Burmese staff, had fallen behind in its AI program. She recommended that a foreign consultant or direct hire be added to help steer program development and communicate closely with donors. Most FAO staff currently serving in Burma are experts on agricultural crops, not animal health issues. However, Dr. MacArthur stated that the FAO regional office has yet to release its funds and once released he expects the FAO activities to proceed rapidly.

15. (SBU) At the donor workshop, Dr. MacArthur raised the following issues: 1) the need to address the possibility of an AI outbreak in remote border areas, where government services are minimal and access is more restricted; 2) the high costs of holding workshops in the new capital of Nay Pyi Taw, where hotel costs are double or triple those in Rangoon or Mandalay, greatly reducing the effectiveness of limited donor funds; and 3) the need for closer coordination and communication and more formal procedures as funds flow through various agencies to address multiple projects. U.S. participants at the workshop commented favorably on the GOB's open, cooperative, and transparent efforts to combat AI during the March-April outbreak in central Burma, and urged that such transparency and information-sharing continue. MacArthur noted that this would foster more cooperation from international donors as well. Although GOB and other donor participants did not respond to these points, WHO representatives told MacArthur later that GOB participants were pleased they had been raised, although they lacked the authority to respond personally.

PPE Management

16. (U) On September 29, WHO representatives and USAID's MacArthur led Burma's first workshop on the logistics of managing PPE use. WHO and FAO each received one-half of the 4,500 kits donated by USAID, which arrived in Burma 11 September and are now held at WHO and FAO warehouses. At the workshop, district-level medical officers, border and airport control officials, hospital administrators, veterinary officials, medical stores operators, national lab technicians and

representatives from the Central Epidemiology Unit learned how to properly use and monitor use of PPEs. Using a USAID formula based on experience elsewhere, they calculated that Burma will need 25,000 - 47,000 PPEs in country to protect personnel and control another outbreak.

¶7. (U) The participants also discussed PPE distribution and storage throughout the country, and recommended that sizeable quantities of PPEs be retained in Rangoon and Mandalay because of the high density poultry and humans in the two largest cities. Others would be dispersed to remote areas, such as Thaunggyi, Mawlamyine, Kale, and Myitkyina. Medical stores personnel noted that supplies can generally reach the most remote areas of the country within four days. The group recommended PPE allocations for Rapid Response Teams, poultry cullers, medical personnel, assessment teams, lab staff, transporters, and support personnel. Recommendations from the workshop will be sent to the Minister of Health and the Minister of Livestock and Fisheries. The Ministers will then seek top-level approval for the PPE plan. GO participants agreed that monitoring and accountability of PPEs is an important part of the proposal. UN officials suggested that monitoring teams might optimally include local staff representatives of donor nations and UN agencies.

¶8. (SBU) Comment: In the seven months since Burma's first official outbreak, domestic capabilities to detect and control an AI outbreak have improved, although much more needs to be done. Funding remains far short of needs, even at the reduced levels planned by WHO and FAO. WHO has played a critical coordination role, while FAO has made slow progress. The MOH and LBVD still do not coordinate their efforts well and although the GOB is more forthcoming about AI than many expected, it must develop a formal procedure for communication and information sharing about needs and activities. GOB participants in the workshop were competent, experienced in their fields, and eager to engage the donors. Participants particularly appreciated the advice given by USAID based on regional experience. Since the AI threat transcends borders, it is in everyone's interests to keep Burma moving along the right track in building capacity, sharing information, and

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strengthening surveillance. At the same time, because this is Burma, donors and UN agencies must closely monitor assistance to ensure that donated funds address real needs. End comment.

¶9. This cable was cleared by Dr. John MacArthur, USAID Regional Infectious Disease Advisor.

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